Dear Physician,

This student has been referred for evaluation due to reported possible concussion symptoms. If diagnosed with a concussion, it is the Brearley School’s and New York State Association of Independent Schools Athletic Association’s (NYSAISAA) protocol that the student must have a release for:

1) Beginning the return to learn progression outlined on the back of this form (ALL students diagnosed with a concussion MUST complete the return to learn/play progression BEFORE returning to any physical activities). If you prefer there be additional steps to the return to learn progression please list them below in additional recommendations.

**AND**

2) Returning to FULL participation in school and full participation in competition.

*PLEASE complete ALL below information regarding recommendations for this athlete. Make sure to include phone/fax numbers so the Athletic Trainer may contact you as needed/required.

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**Student’s Name:** ____________________________________________________________

**Date of injury:** __________________________  **Date of Evaluation:** ________________

**Physicians Diagnosis:** _______________________________________________________

The following are return to learn recommendations at this time:

____ *No concussion suspected* may return to full participation without restrictions. Return of symptoms should result in re-evaluation by physician.

____ *DO NOT RETURN* to school/sports practice/competition/P.E. at this time.

  Follow up appointment for re-evaluation (date/time): ______________________________

____ When asymptomatic for ______ days, may begin the return to learn progression (listed on the back of this form) under the supervision of the Athletic Trainer.

____ Additional Recommendations: _________________________________________________

________________________________________________________

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**Release for full participation:** (complete IF diagnosed with a concussion)

____ The student has completed the Return to Learn and/or Return to Play protocol and may return to full participation without restrictions.

**Physician’s Name (printed):** _________________________________________________

**Physician’s Signature:** _______________________________________________________

**Date:** _____________________________

**Office Stamp:**
The Brearley School
Physician Referral Form

*Please check off the appropriate phase where the student should progress from*

☐ Phase 1 – Out of School, Full Cognitive Rest/Sleep
  - No Home Instruction/Homework
  - No Computer/iPad/Tablets/Electronic Devices (including cell phones/smart phones)
  - No Television/Video Games
  - Complete Avoidance of Bright Light/Loud Noises
  - No Physical Activity

☐ Phase 2 – Return to School/Limited Time as Tolerated with focus on Core Classes
  - Limited Reading
  - No Tests/Quizzes
  - Homework as tolerated
  - Extended assignment deadlines
  - May leave class 5 minutes early to avoid crowded noisy hallways
  - May not attend or participate in after school activities
  - No Computer/iPad/Tablets/Electronic Devices (including cell phones/smart phones)
  - No Television/Video Games
  - Limited Exposure to Bright Light/Loud Noises
  - Allow Auditory Learning
  - Go to Health Office if symptomatic
  - No Physical Activity or Physical Education

☐ Phase 3 – Return to Full School Day as Tolerated/All Classes/No after school activities
  - May complete work as tolerated
  - Test/Quizzes on case by case basis with extended time
  - Meet with Academic Supervisor to pace completion of homework, papers, and projects as tolerated
  - Limit classroom participation
  - As tolerated in musical activities (singing, instrumental, etc.)
  - No Computer/iPad/Tablets/Electronic Devices (including cell phones/smart phones)
  - No Physical Activity or Physical Education
  - May not attend or participate in after school activities

☐ Phase 4 – Return to Full School Day with possible return to after school activities
  - Complete all homework, papers and projects
  - Test/Quizzes on case by case basis with extended time
  - Resume computer/iPad/Tablet
  - Limited use of Electronic Devices/Texting/Television
  - As tolerated in musical activities (singing, instrumental, etc.)
  - May resume after school activities
  - No Physical Activity or Physical Education
  - Check in with health office

☐ Phase 5 – Return to Full School Day with No Academic Restrictions
  - No Physical Education

Return to Play Protocol
☐ Phase 1 - Return to Learn Protocol
☐ Phase 2 - Light aerobic activity
☐ Phase 3 - Sport-specific exercise
☐ Phase 4 – Non-contact training drills
☐ Phase 5 – Full-contact practice
☐ Phase 6 – Return to play